

Questionnaire for Designated *Law Enforcement* Positions

Pre-Employment/Investigation Disclosure Notice

PLEASE READ CAREFULLY BEFORE SIGNING

In connection with the possible employment, access, and/or authorization considered between:

Applicant/Employee Name

and Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes, the Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes may obtain information about you from outside sources to include Consumer Reporting Agency(s) (CRA). Thus, you may be the subject of “consumer reports” and “investigative reports” which may include information about your character, general reputation, personal characteristics and mode of living, and which can involve personal interviews with sources such as your supervisors, former supervisors, neighbors, friends, or associates. Reports may also contain public records (including national criminal records), driving history information, consumer credit, employment and education verifications, worker’s compensation (if applicable), etc. These reports may be obtained at any time after receipt of your authorization. You have the right, upon written request made after receipt of this notice, to request disclosure of the nature and scope of an investigative consumer report. You have the right to dispute information that you believe is inaccurate or incomplete. Attached is a copy of the Summary of Consumer Rights under the Fair Credit Reporting Act.

Additional notice: 25 CFR 12, Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), Public Law 101-630 (codified in 25 United States Code § 3207) requires designated child care positions to have a national criminal history record check and designated law enforcement positions to have a national criminal history record check and a financial record check as a condition of employment. Depending on your position, you may also be subject to a reinvestigation as routinely as every year but at least every five years as a condition of employment.

APPLICANT / EMPLOYEE:	
Signature: _____	Signature Date: _____
Printed Name: _____	

Questionnaire for Designated *Law Enforcement Positions*

1. Full Name							
Last Name		First Name			Middle Name		Jr., II, etc
2. Other Names Used – Maiden name, from a former marriage, alias(s), or nickname(s). If you have responded “Yes” to having used other names, provide your other name(s) used and the reason why the name changed.							
Have you used any other names?						YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name		Provide the reason(s) why the name changed and timeframe					
Name		Provide the reason(s) why the name changed and timeframe					
Name		Provide the reason(s) why the name changed and timeframe					
3. Date of Birth							
Month 00		Day 00		Year 0000		4. Social Security Number	
5. Driver's License No.				6. Place of Birth			
No.:		State Issued:		City		County	State
7. Other Identifying Information							
Height (feet and inches)		Weight (pounds)		Hair Color		Eye Color	Sex (Mark one box) Female <input type="checkbox"/> Male <input type="checkbox"/>
8. Your Contact Information - Provide your contact information. Email addresses may be used as a contact method and to identify subjects in records.							
Personal/Home Email Address				Work/Alternative Email Address			
Home Telephone Number		Day <input type="checkbox"/>		Cell/Mobile Telephone Number		Day <input type="checkbox"/>	
()		Night <input type="checkbox"/>		()		Night <input type="checkbox"/>	
Work/Alternative		Day <input type="checkbox"/>		Night <input type="checkbox"/>		()	
Night <input type="checkbox"/>		Night <input type="checkbox"/>		Night <input type="checkbox"/>		Night <input type="checkbox"/>	
9. Citizenship							
<input type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth. <input type="checkbox"/> I am a U.S. citizen or national by birth, born to U.S. parents(s), in a foreign country. (See Supplemental Citizenship Form) <input type="checkbox"/> I am a naturalized U.S. citizen. (See Supplemental Citizenship Form) <input type="checkbox"/> I am a derived U.S. citizen. (See Supplemental Citizenship Form) <input type="checkbox"/> I am not a U.S. citizen. (See Supplemental Citizenship Form)							

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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10. Where You Have Lived – List the places where you have lived beginning with your present address and working back 10 years. Residence for the entire period must be accounted for without breaks. Indicate the physical location of your residence, not a Post Office box. If you split your time between one or more residences during the time period, you must list all residences. Do not list residence before your 18th birthday unless to provide a minimum of 2 years residence history. You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.

For any address in the last 2 years, provide a person who knew you at that address, and who preferably still lives in that area. Do not list your spouse, cohabitant or other relatives as the verifier for periods of residence.

Enter Residence Information –

#1 - Provide dates of your **present** residence.

From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	Is this residence:	
			<input type="checkbox"/> Owned by you	<input type="checkbox"/> Rented or leased by you
			<input type="checkbox"/> Military housing	<input type="checkbox"/> Other _____
Street Address		City	State	Zip code

Provide the name of a neighbor, landlord (if rental), or other person who knows you at this address.

Last Name	First Name	Provide date of last contact. <input type="checkbox"/> Est.
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Provide the following contact information for this person.

Home Telephone Number	Day <input type="checkbox"/>	Cell/Mobile Telephone Number	Day <input type="checkbox"/>	Work/Alternative	Day <input type="checkbox"/>
()	Night <input type="checkbox"/>	()	Night <input type="checkbox"/>	()	Night <input type="checkbox"/>

Provide e-mail address for this person. I don't know

Provide street address for this person (including apartment number). Include city, state, and zip code.

Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo? Yes No

If yes, list: _____
Community, State

#2 - Provide dates of residence.

From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	<input type="checkbox"/> Est.	Is this residence:	
				<input type="checkbox"/> Owned by you	<input type="checkbox"/> Rented or leased by you
				<input type="checkbox"/> Military housing	<input type="checkbox"/> Other _____
Street Address		City	State	Zip code	

Provide the name of a neighbor, landlord (if rental), or other person who knows you at this address.

Last Name	First Name	Provide date of last contact. <input type="checkbox"/> Est.
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Provide the following contact information for this person.

Home Telephone Number	Day <input type="checkbox"/>	Cell/Mobile Telephone Number	Day <input type="checkbox"/>	Work/Alternative	Day <input type="checkbox"/>
()	Night <input type="checkbox"/>	()	Night <input type="checkbox"/>	()	Night <input type="checkbox"/>

Provide e-mail address for this person. I don't know

Provide street address for this person (including apartment number). Include city, state, and zip code.

Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo? Yes No

If yes, list: _____
Community, State

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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Where You Have Lived – Continued

#3 - Provide dates of residence.

From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	<input type="checkbox"/> Est.	Is this residence:	
				<input type="checkbox"/> Owned by you	<input type="checkbox"/> Rented or leased by you
				<input type="checkbox"/> Military housing	<input type="checkbox"/> Other _____
Street Address			City	State	Zip code
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list: _____ Community, State					

#4 - Provide dates of residence.

From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	<input type="checkbox"/> Est.	Is this residence:	
				<input type="checkbox"/> Owned by you	<input type="checkbox"/> Rented or leased by you
				<input type="checkbox"/> Military housing	<input type="checkbox"/> Other _____
Street Address			City	State	Zip code
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list: _____ Community, State					

#5 - Provide dates of residence.

From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	<input type="checkbox"/> Est.	Is this residence:	
				<input type="checkbox"/> Owned by you	<input type="checkbox"/> Rented or leased by you
				<input type="checkbox"/> Military housing	<input type="checkbox"/> Other _____
Street Address			City	State	Zip code
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list: _____ Community, State					

#6 - Provide dates of residence.

From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	<input type="checkbox"/> Est.	Is this residence:	
				<input type="checkbox"/> Owned by you	<input type="checkbox"/> Rented or leased by you
				<input type="checkbox"/> Military housing	<input type="checkbox"/> Other _____
Street Address			City	State	Zip code
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list: _____ Community, State					

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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11. Where You Went to School – Do not list education before your 18th birthday, unless to provide a minimum of two years of education history.

(a) Have you attended any schools in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	(b) Have you received a degree or diploma in the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no to 11(a) and 11(b), proceed to next question.)
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If yes to 11(a) or 11(b) provide the following dates of attendance and requested information.

#1 - Provide dates of attendance.

From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	<input type="checkbox"/> Est.	Select the most appropriate description of your school. <input type="checkbox"/> High School <input type="checkbox"/> Vocational/Technical/Trade <input type="checkbox"/> College/University <input type="checkbox"/> Online/Distance School
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Provide the name of the school.

Provide the street address of the school. For Online/Distance school, provide the address where the records are maintained.

Street Address (Include city, state, and zip code)	Telephone No. ()
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Did you receive a degree/diploma? Yes No If yes, provide type of degree(s)/diploma(s) received and date(s) awarded.

Choose one: <input type="checkbox"/> Degree <input type="checkbox"/> Attendance Only <input type="checkbox"/> Diploma <input type="checkbox"/> Other (Explain)	Major/Focus:	Date awarded (Month/Year)	<input type="checkbox"/> Est.
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#2 - Provide dates of attendance.

From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	<input type="checkbox"/> Est.	Select the most appropriate description of your school. <input type="checkbox"/> High School <input type="checkbox"/> Vocational/Technical/Trade <input type="checkbox"/> College/University <input type="checkbox"/> Online/Distance School
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Provide the name of the school.

Provide the street address of the school. For Online/Distance school, provide the address where the records are maintained.

Street Address (Include city, state, and zip code)	Telephone No. ()
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Did you receive a degree/diploma? Yes No If yes, provide type of degree(s)/diploma(s) received and date(s) awarded.

Choose one: <input type="checkbox"/> Degree <input type="checkbox"/> Attendance Only <input type="checkbox"/> Diploma <input type="checkbox"/> Other (Explain)	Major/Focus:	Date awarded (Month/Year)	<input type="checkbox"/> Est.
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#3 - Provide dates of attendance.

From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	<input type="checkbox"/> Est.	Select the most appropriate description of your school. <input type="checkbox"/> High School <input type="checkbox"/> Vocational/Technical/Trade <input type="checkbox"/> College/University <input type="checkbox"/> Online/Distance School
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Provide the name of the school.

Provide the street address of the school. For Online/Distance school, provide the address where the records are maintained.

Street Address (Include city, state, and zip code)	Telephone No. ()
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Did you receive a degree/diploma? Yes No If yes, provide type of degree(s)/diploma(s) received and date(s) awarded.

Choose one: <input type="checkbox"/> Degree <input type="checkbox"/> Attendance Only <input type="checkbox"/> Diploma <input type="checkbox"/> Other (Explain)	Major/Focus:	Date awarded (Month/Year)	<input type="checkbox"/> Est.
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Questionnaire Continuation				
Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number

12. Employment Activities - List all of your employment activities beginning with the present and working back 10 years. The 10 year period must be accounted for without breaks. For periods of unemployment, list dates and "unemployed" or "attending school." Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history.

Entry #1 – Select your employment activity.

Employer Name:

<input type="checkbox"/> Active Military <input type="checkbox"/> Federal Contractor <input type="checkbox"/> National Guard/Reserve	<input type="checkbox"/> Other Federal Employment <input type="checkbox"/> State Government <input type="checkbox"/> Non-government employment	<input type="checkbox"/> Self-employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Other _____
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From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	<input type="checkbox"/> Est.	Select the employment status:
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

Provide your assigned duty station during this period. (City and State)	Provide your most recent position title.
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Street Address	City	State	Zip code
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Telephone Number	Alternate Telephone Number
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Provide the name of your supervisor.

Last Name	First Name	Position Title
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Provide the following contact information for this person.

Home Telephone Number	Day <input type="checkbox"/>	Cell/Mobile Telephone Number	Day <input type="checkbox"/>	Work/Alternative	Day <input type="checkbox"/>
()	Night <input type="checkbox"/>	()	Night <input type="checkbox"/>	()	Night <input type="checkbox"/>

Provide e-mail address for this person. I don't know

Provide street address for this person (including apartment number). Include city, state, and zip code.

For this employment, in the **last 7 years** did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy or were you the subject of an Internal Affairs inquiry or administrative investigation based on allegations? Yes No

If Yes, provide the reason(s) for being warned, reprimanded, suspended, disciplined or reviewed under inquiry or investigation.	Date: (Month/Year)
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For this employment have any of the following happened to you in the **last 7 years**? Fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance. Yes No

Select your type of incident:	Reason:	Employment Departure Date:
<input type="checkbox"/> Fired	Provide the reason fired.	(Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Quit after being told you would be fired	Provide the reason.	(Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Left by mutual agreement following charges or allegations of misconduct.	Provide the charges or allegations.	(Month/Year) <input type="checkbox"/> Est.

If no longer employed, provide the specific reason you left the employment activity:

Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? Yes No

If yes, list: _____
Community, State

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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Employment Activities - Continued.

Entry #2 – Select your employment activity.

Employer Name:

<input type="checkbox"/> Active Military <input type="checkbox"/> Federal Contractor <input type="checkbox"/> National Guard/Reserve	<input type="checkbox"/> Other Federal Employment <input type="checkbox"/> State Government <input type="checkbox"/> Non-government employment	<input type="checkbox"/> Self-employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Other _____
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From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	<input type="checkbox"/> Est.	Select the employment status:
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

Provide your assigned duty station during this period. (City and State) _____

Provide your most recent position title. _____

Street Address	City	State	Zip code
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Telephone Number	Alternate Telephone Number	
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Provide the name of your supervisor.

Last Name	First Name	Position Title
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Provide the following contact information for this person.

Home Telephone Number	Day <input type="checkbox"/>	Cell/Mobile Telephone Number	Day <input type="checkbox"/>	Work/Alternative	Day <input type="checkbox"/>
()	Night <input type="checkbox"/>	()	Night <input type="checkbox"/>	()	Night <input type="checkbox"/>

Provide e-mail address for this person. _____ I don't know

Provide street address for this person (including apartment number). Include city, state, and zip code.

For this employment, in the **last 7 years** did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy or were you the subject of an Internal Affairs inquiry or administrative investigation based on allegations? Yes No

If Yes, provide the reason(s) for being warned, reprimanded, suspended, disciplined or reviewed under inquiry or investigation. _____ Date: (Month/Year)

For this employment have any of the following happened to you in the **last 7 years**? Fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance. Yes No

Select your type of incident:	Reason:	Employment Departure Date:
<input type="checkbox"/> Fired	Provide the reason fired.	(Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Quit after being told you would be fired	Provide the reason.	(Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Left by mutual agreement following charges or allegations of misconduct.	Provide the charges or allegations.	(Month/Year) <input type="checkbox"/> Est.

If no longer employed, provide the specific reason you left the employment activity:

Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? Yes No

If yes, list: _____
Community, State

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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Employment Activities - Continued.

Entry #3 – Select your employment activity.

Employer Name:

<input type="checkbox"/> Active Military <input type="checkbox"/> Federal Contractor <input type="checkbox"/> National Guard/Reserve	<input type="checkbox"/> Other Federal Employment <input type="checkbox"/> State Government <input type="checkbox"/> Non-government employment	<input type="checkbox"/> Self-employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Other _____
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From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	<input type="checkbox"/> Est.	Select the employment status:
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

Provide your assigned duty station during this period. (City and State)	Provide your most recent position title.
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Street Address	City	State	Zip code
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Telephone Number	Alternate Telephone Number	
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Provide the name of your supervisor.

Last Name	First Name	Position Title
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Provide the following contact information for this person.

Home Telephone Number ()	Day <input type="checkbox"/> Night <input type="checkbox"/>	Cell/Mobile Telephone Number ()	Day <input type="checkbox"/> Night <input type="checkbox"/>	Work/Alternative ()	Day <input type="checkbox"/> Night <input type="checkbox"/>
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Provide e-mail address for this person. I don't know

Provide street address for this person (including apartment number). Include city, state, and zip code.

For this employment, in the **last 7 years** did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy or were you the subject of an Internal Affairs inquiry or administrative investigation based on allegations? Yes No

If Yes, provide the reason(s) for being warned, reprimanded, suspended, disciplined or reviewed under inquiry or investigation.	Date: (Month/Year)
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For this employment have any of the following happened to you in the **last 7 years**? Fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance. Yes No

Select your type of incident:	Reason:	Employment Departure Date:
<input type="checkbox"/> Fired	Provide the reason fired.	(Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Quit after being told you would be fired	Provide the reason.	(Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Left by mutual agreement following charges or allegations of misconduct.	Provide the charges or allegations.	(Month/Year) <input type="checkbox"/> Est.

If no longer employed, provide the specific reason you left the employment activity:

Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? Yes No

If yes, list: _____
Community, State

Questionnaire Continuation				
Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number

Employment Activities - Continued.

Entry #4 – Select your employment activity.

Employer Name:

<input type="checkbox"/> Active Military <input type="checkbox"/> Federal Contractor <input type="checkbox"/> National Guard/Reserve	<input type="checkbox"/> Other Federal Employment <input type="checkbox"/> State Government <input type="checkbox"/> Non-government employment	<input type="checkbox"/> Self-employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Other
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From Date (Month/Year) <input type="checkbox"/> Est.	To Date (Month/Year) <input type="checkbox"/> Est.	Select the employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
--	--	--

Provide your assigned duty station during this period. (City and State) _____ Provide your most recent position title. _____

Street Address	City	State	Zip code
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Telephone Number	Alternate Telephone Number
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Provide the name of your supervisor.

Last Name	First Name	Position Title
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Provide the following contact information for this person.

Home Telephone Number	Day <input type="checkbox"/>	Cell/Mobile Telephone Number	Day <input type="checkbox"/>	Work/Alternative	Day <input type="checkbox"/>
()	Night <input type="checkbox"/>	()	Night <input type="checkbox"/>	()	Night <input type="checkbox"/>

Provide e-mail address for this person. _____ I don't know

Provide street address for this person (including apartment number). Include city, state, and zip code. _____

For this employment, in the **last 7 years** did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy or were you the subject of an Internal Affairs inquiry or administrative investigation based on allegations? Yes No

If Yes, provide the reason(s) for being warned, reprimanded, suspended, disciplined or reviewed under inquiry or investigation. _____ Date: (Month/Year) _____

For this employment have any of the following happened to you in the **last 7 years**? Fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance. Yes No

Select your type of incident:	Reason:	Employment Departure Date:
<input type="checkbox"/> Fired	Provide the reason fired.	(Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Quit after being told you would be fired	Provide the reason.	(Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Left by mutual agreement following charges or allegations of misconduct.	Provide the charges or allegations.	(Month/Year) <input type="checkbox"/> Est.

If no longer employed, provide the specific reason you left the employment activity: _____

Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? Yes No

If yes, list: _____
 Community, State

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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Employment Activities - Continued.

Entry #5 – Select your employment activity.

Employer Name:

<input type="checkbox"/> Active Military <input type="checkbox"/> Federal Contractor <input type="checkbox"/> National Guard/Reserve	<input type="checkbox"/> Other Federal Employment <input type="checkbox"/> State Government <input type="checkbox"/> Non-government employment	<input type="checkbox"/> Self-employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Other _____
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From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	<input type="checkbox"/> Est.	Select the employment status:
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

Provide your assigned duty station during this period. (City and State) _____

Provide your most recent position title. _____

Street Address	City	State	Zip code
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Telephone Number	Alternate Telephone Number	
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Provide the name of your supervisor.

Last Name	First Name	Position Title
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Provide the following contact information for this person.

Home Telephone Number	Day <input type="checkbox"/>	Cell/Mobile Telephone Number	Day <input type="checkbox"/>	Work/Alternative	Day <input type="checkbox"/>
()	Night <input type="checkbox"/>	()	Night <input type="checkbox"/>	()	Night <input type="checkbox"/>

Provide e-mail address for this person. _____ I don't know

Provide street address for this person (including apartment number). Include city, state, and zip code.

For this employment, in the **last 7 years** did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy or were you the subject of an Internal Affairs inquiry or administrative investigation based on allegations? Yes No

If Yes, provide the reason(s) for being warned, reprimanded, suspended, disciplined or reviewed under inquiry or investigation. _____ Date: (Month/Year)

For this employment have any of the following happened to you in the **last 7 years**? Fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance. Yes No

Select your type of incident:	Reason:	Employment Departure Date:
<input type="checkbox"/> Fired	Provide the reason fired.	(Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Quit after being told you would be fired	Provide the reason.	(Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Left by mutual agreement following charges or allegations of misconduct.	Provide the charges or allegations.	(Month/Year) <input type="checkbox"/> Est.

If no longer employed, provide the specific reason you left the employment activity:

Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? Yes No

If yes, list: _____
Community, State

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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13. Selective Service Record

Are you a male born after December 31, 1959?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If you answered "Yes" to the question above, provide registration number or your legal exemption.

Registration Number	Legal Exemption / Explanation
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14. Military History

Have you EVER served in the United States military? If "Yes," provide a copy of your DD214.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If Yes, provide the branch of service you served in.

Army
 Army National Guard
 Navy
 Air Force
 Air National Guard
 Marine Corps
 Coast Guard

Provide Your Dates of Service	Provide your service number:
From Date <input type="checkbox"/> Est. To Date <input type="checkbox"/> Present <input type="checkbox"/> Est.	

Type of Discharge	Provide the date of discharge listed: (Month/Year)
<input type="checkbox"/> Honorable <input type="checkbox"/> Under Other Than Honorable Conditions <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> General	<input type="checkbox"/> Est
<input type="checkbox"/> Other (provide type): _____	Provide the reason(s) for the discharge, if other than Honorable

In the last 7 years , have you been subject to court martial or other disciplinary procedure under the Uniform Code of Military Justice (UCMJ), such as Article 15, Captain's Mast, Article 135 Court of Inquiry, etc.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Complete the following if you responded, "Yes" to the above question.

Provide the date of the disciplinary procedure (Month/Year) <input type="checkbox"/> Est	Provide description of the military court or other authority in which you were charged (include address, city, state or country)
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Provide a description of the offenses(s) for which you were charged

Provide the description of the final outcome of the disciplinary procedure

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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15. Personal References – Provide three people who know you well and live in the U.S. They should be good friends, peers, colleagues, roommates, associates, etc., and who are aware of your activities outside of the workplace, school, and whose combined association with you covers at least the **last 7 years**. Do **not** provide anyone listed elsewhere on this form or close relatives.

Entry #1				
Last Name		First Name		Middle Name
Provide dates known.		Provide relationship to you (Check all that apply)		
From Date (Month/Year) <input type="checkbox"/> Est.	To Date (Month/Year) <input type="checkbox"/> Est.	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Work Associate	<input type="checkbox"/> Friend
		<input type="checkbox"/> Schoolmate	<input type="checkbox"/> Other _____	
Provide the following contact information for this person.				
Home Telephone Number	Day <input type="checkbox"/>	Cell/Mobile Telephone Number	Day <input type="checkbox"/>	Work/Alternative
()	Night <input type="checkbox"/>	()	Night <input type="checkbox"/>	()
Provide e-mail address for this person.				<input type="checkbox"/> I don't know
Provide street address for this person (including apartment number). Include city, state, and zip code.				

Entry #2				
Last Name		First Name		Middle Name
Provide dates known.		Provide relationship to you (Check all that apply)		
From Date (Month/Year) <input type="checkbox"/> Est.	To Date (Month/Year) <input type="checkbox"/> Est.	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Work Associate	<input type="checkbox"/> Friend
		<input type="checkbox"/> Schoolmate	<input type="checkbox"/> Other _____	
Provide the following contact information for this person.				
Home Telephone Number	Day <input type="checkbox"/>	Cell/Mobile Telephone Number	Day <input type="checkbox"/>	Work/Alternative
()	Night <input type="checkbox"/>	()	Night <input type="checkbox"/>	()
Provide e-mail address for this person.				<input type="checkbox"/> I don't know
Provide street address for this person (including apartment number). Include city, state, and zip code.				

Entry #3				
Last Name		First Name		Middle Name
Provide dates known.		Provide relationship to you (Check all that apply)		
From Date (Month/Year) <input type="checkbox"/> Est.	To Date (Month/Year) <input type="checkbox"/> Est.	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Work Associate	<input type="checkbox"/> Friend
		<input type="checkbox"/> Schoolmate	<input type="checkbox"/> Other _____	
Provide the following contact information for this person.				
Home Telephone Number	Day <input type="checkbox"/>	Cell/Mobile Telephone Number	Day <input type="checkbox"/>	Work/Alternative
()	Night <input type="checkbox"/>	()	Night <input type="checkbox"/>	()
Provide e-mail address for this person.				<input type="checkbox"/> I don't know
Provide street address for this person (including apartment number). Include city, state, and zip code.				

Questionnaire Continuation				
Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number

16. Marital History		
If you have been married or in a spouse-like relationship previously, please provide information regarding former spouse(s) below.		
1) Full Name	Dates and Years Married <input type="checkbox"/> Est	Last Known Phone Number and email address
2) Full Name	Dates and Years Married <input type="checkbox"/> Est	Last Known Phone Number and email address

17. Citizenship of Your Relatives and Associates		
A If your mother, father, sibling, child, spouse or person with whom you have a spouse-like relationship is a U.S. citizen by OTHER than birth, or if they are an alien residing in the U.S., provide nature of the individual's association to you (i.e., spouse, mother, etc.), and the individual's name and date of birth below.		
1) Association	Name	Date of Birth
2) Association	Name	Date of Birth
B Provide the individual's naturalization certificate information or alien registration number below.		
1) Certificate/Registration No.:		
2) Certificate/Registration No.:		

Foreign Activities		
18. As a U.S. citizen, have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children received in the last 7 years , or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
19. Have you in the last 7 years , attended or participated in any conference, trade, shows, seminar, or meetings outside the U.S.? (Do not include those you attended or participated in on official business for the U.S. government.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
20. Have you or any member of your immediate family in the last 7 years , have contact with a foreign government, its establishments (embassies or consultants), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Do not include routine visa applications and border crossing contacts).	YES <input type="checkbox"/>	NO <input type="checkbox"/>
21. Have you in the last 7 years sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
22. Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children EVER had any foreign financial interests (such as stocks, property, investments, bank accounts, ownership or corporate entities, corporate interests or exchange traded funds (ETFs) held in specific geographical or economic sectors) in which you or they have direct control or direct ownership?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
23. Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children EVER had any foreign financial interests that someone controlled on your behalf?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
24. Have you, your spouse or legally recognized civil union/domestic partner, cohabitant, or dependent children EVER owned, or do you anticipate owning, or plan to purchase real estate in a foreign country?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
25. Have you EVER provided financial support for any foreign national?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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26. Have you EVER held political office in a foreign country?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
27. Have you in the last 7 years , been involved in any other type of business venture with a foreign national not described above?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you responded "Yes" to any of the Foreign Activities questions in this section, you will be given a supplemental form to respond to additional questions.		

Foreign Travel		
28. Have you traveled outside the U.S. in the last 7 years ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
29. Has your travel in the last 7 years been solely for U.S. Government business/military overseas assignment on official government orders (i.e., no personal trips in conjunction with the official U.S. Government business)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you responded "Yes" to the Foreign Travel questions in this section, you will be given a supplemental form to respond to additional questions.		

<p>Psychological and Emotional Health – The [INSERT Tribal Agency] Services recognizes the critical importance of mental health and advocates proactive management of mental health conditions to support the wellness and recovery of employees and others. Every day individuals with mental health conditions carry out their duties without presenting a security risk. While most individuals with mental health conditions do not present security risks, there may be times when such a condition can affect a person's eligibility for a law enforcement position.</p> <p>The [INSERT Tribal Agency] Services recognizes that mental health counseling and treatment may provide important support for those who have experienced traumatic events, as well as for those with other mental health conditions. Nothing in this questionnaire is intended to discourage those who might benefit from treatment or from seeking it.</p> <p>Mental health treatment and counseling, in and of itself, is not a reason to revoke or deny eligibility for a law enforcement position, or fitness to obtain or retain employment. Seeking or receiving mental health care for personal wellness and recovery may contribute favorably to a decision about your eligibility.</p>		
30. Has a court or administrative agency EVER issued an order declaring you mentally incompetent?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
31. Has a court or administrative agency EVER ordered you to consult with a mental health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, etc.)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
32. Have you EVER been hospitalized for a mental health condition?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you responded "Yes" to the Psychological and Emotional Health questions in this section, you will be given a supplemental form to respond to additional questions.		

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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Psychological and Emotional Health – Continued

The following question asks whether you have been diagnosed with a specified mental health condition that may, particularly if untreated, impact your judgment, reliability, or trustworthiness. If you answer in the affirmative, we will seek additional information about the seriousness and symptoms of the condition, as well as any applicable course of treatment. It is important to note that any such diagnosis, in and of itself, **is not a reason** to revoke or deny eligibility for a law enforcement position, suitability or fitness to obtain or retain employment.

33. Have you EVER been diagnosed by a physician or other health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, or nurse practitioner) with psychotic disorder, schizophrenia, schizoaffective disorder, delusional disorder, bipolar mood disorder, borderline personality disorder, or antisocial personality disorder?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
34. Do you have a mental health or other health condition that substantially adversely affects your judgment, reliability, or trustworthiness even if you are not experiencing such symptoms today?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you responded “Yes” to the **Psychological and Emotional Health** questions in this section, you will be given a supplemental form to respond to additional questions.

Police Record - For this section, report information regardless of whether you believe the record in your case has been sealed, expunged, or otherwise stricken from the court record or the charge was dismissed. You need not report convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. Be sure to include all incidents whether occurring in the U.S. or aboard.

35. In the last 7 years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
36. In the last 7 years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official including tribal law enforcement officials?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
37. In the last 7 years have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in any federal, state, local, military, tribal, or non-U.S. court, even if previously listed on this form).	YES <input type="checkbox"/>	NO <input type="checkbox"/>
38. In the last 7 years have you been or are you currently on probation or parole?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
39. Are you currently on trial or awaiting a trial on criminal charges?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you have responded “Yes” to any of the above questions in this section, explain your answer(s) below providing all requested information.

Question #	Month/Year	Offense	Action Taken	Arresting Law Enforcement /Military Agency	State

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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Police Record - For this section, each question is asking to respond if any of the following has **EVER** occurred regardless of whether you believe the record in your case has been sealed, expunged, or otherwise stricken from the court record or the charge was dismissed. You need not report convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. Be sure to include all incidents whether occurring in the U.S. or aboard.

40. Have you EVER been charged with or convicted in any court of the U.S. of a crime, sentenced to imprisonment for a term exceeding 1 year for that crime, and incarcerated as a result of that sentence for not less than 1 year? (Include all qualifying convictions in any federal, state, local, military, tribal, or non-U.S. court, even if previously listed on this form).	YES <input type="checkbox"/>	NO <input type="checkbox"/>
41. Have you EVER been charged with any felony offense? (Include all qualifying convictions in any federal, state, local, military, tribal, or non-U.S. court, even if previously listed on this form).	YES <input type="checkbox"/>	NO <input type="checkbox"/>
42. Have you EVER been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse, or legally recognized civil union/domestic partner, or someone with whom you share a child in common? (Include all qualifying convictions in any federal, state, local, military, tribal, or non-U.S. court, even if previously listed on this form).	YES <input type="checkbox"/>	NO <input type="checkbox"/>
43. Have you EVER been a subject of a restraining order or an order of protection or is there currently a domestic violence protective order or restraining order issued against you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
44. Have you EVER been charged with or convicted of an offense involving firearms or explosives offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
45. Have you EVER been charged with or convicted of any offense(s) related to alcohol or drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
46. Have you EVER been arrested for or charged with a crime involving a child or offenses committed against children?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
47. Have you EVER been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious offense, or any of two or more misdemeanor offenses under Federal, state, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons? QUESTION REQUIRED BY 25 UNITED STATES CODE § 3207.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
48. Have you EVER been a subject of a grand jury investigation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you have responded "Yes" to any of the above questions in this section, explain your answer(s) below providing all requested information.

Question #	Month/Year	Offense	Action Taken	Arresting Law Enforcement /Military Agency	State

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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Illegal Use of Drugs and Drug Activity – We note, with reference to this section, that neither your truthful responses or information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the [INSERT Tribal Agency] Services. The following questions pertain to the illegal use of drugs or controlled substance activity in accordance with federal laws, even though permissible under state laws.

49. In the last 7 years , have you illegally used any drugs or controlled substance? Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substances.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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50. In the last 7 years , have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any drug or controlled substance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If you responded "Yes" to the above questions in this section, provide the date(s), the type of drug or controlled substance and the number of times used or your involvement. Examples include: THC (marijuana, weed, hashish, etc.); cocaine; crack cocaine; narcotics (opium, morphine, codeine, heroin); stimulants (amphetamines, speed, crystal meth, ecstasy); depressants (barbiturates, methaqualone, tranquilizers); hallucinogenics (LSD, PCP, mushrooms); ketamine (special K, jet); inhalants (toluene, amyl nitrate); steroids (clear, juice) or other.

Month/Year To <input type="checkbox"/> Est	Controlled Substance Used	Number of Times Used/Involvement
Month/Year To <input type="checkbox"/> Est	Controlled Substance Used	Number of Times Used/Involvement

51. In the last 7 years , have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Month/Year To <input type="checkbox"/> Est	If you responded "Yes" to the above question in this section, provide the prescription drug that you misused
---	--

Provide the reason(s) for and circumstances of the misuse of the prescription drug

Month/Year To <input type="checkbox"/> Est	If you responded "Yes" to the above question in this section, provide the prescription drug that you misused
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Provide the reason(s) for and circumstances of the misuse of the prescription drug

52. Have you EVER illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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53. Have you EVER voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If you responded "Yes" to the **EVER Illegal use of Drugs and Drug Activity** questions in this section, you will be given a supplemental form to respond to additional questions.

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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Use of Alcohol

54. In the last 7 years has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
55. Have you EVER been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
56. Have you EVER voluntarily sought counseling or treatment as a result of your use of alcohol?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you responded "Yes" to the **Use of Alcohol** questions in this section, provide the following information.

Month/Year To <input type="checkbox"/> Est	Provide the name of individual counselor or treatment provider	Provide full address and contact number
Month/Year To <input type="checkbox"/> Est	Provide the name of individual counselor or treatment provider	Provide full address and contact number

Investigations and Clearance Record

57. Has the U.S. Government EVER investigated your background and/or granted you a security clearance eligibility/access?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
58. Have you EVER had a security clearance eligibility/access authorization denied suspended or revoked?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you responded "Yes" to the **Investigations and Clearance Record** questions in this section, you will be given a supplemental form to respond to additional questions.

Financial Records

59. In the last 7 years , have you, or a company over which you exercised some control, filed under any chapter of the bankruptcy code or been declared bankrupt?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
60. In the last 7 years , have you been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by our employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
61. In the last 7 years , have you been delinquent on alimony or child support payments?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
62. In the last 7 years , have you had any judgments against you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
63. In the last 7 years , have you had a lien placed against your property for failing to pay taxes or other debts?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
64. In the last 7 years , have you had any of your possessions or property voluntarily or involuntarily repossessed, foreclosed, or your wages garnished?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
65. In the last 7 years , have you defaulted on any type of loan?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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66. In the last 7 years , have you had bills or debts turned over to a collection agency?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
67. In the last 7 years , have you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
68. In the last 7 years , were you evicted for non-payment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
69. In the last 7 years , were you over 120 days delinquent on any debt not previously disclosed on this form?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
70. Have you EVER been under investigation for embezzlement?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
71. Have you EVER experienced financial problems due to gambling?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you answered "Yes" for any of the above questions in this section, provide the appropriate information below.

Question #	Month/Year	Type of Action	Name/Address of Creditor or Oblige and/or Name of Court or Agency Handling Case	Current Status

Use of Information Technology Systems

72. In the last 7 years , have you illegally or without proper authorization accessed or attempted to access any information technology system?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
73. In the last 7 years , have you illegally or without proper authorization modified, destroyed, manipulated or denied others access to information residing in an information technology system or attempted any of the above?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
74. In the last 7 years , have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines or regulations or attempted any of the above?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you responded "Yes" to the **Use of Information Technology Systems** questions in this section, you will be given a supplemental form to respond to additional questions.

Involvement in Non-Criminal Court Actions

75. In the last 7 years , have you been a party to any public record civil court actions not listed elsewhere on this form?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If you answered "Yes" for any of the above questions in this section, provide the information requested below.

Incurred Month/Year	Nature of Action	Result of Action	Name of Parties Involved	Name/Address of Court or Agency Handling Case

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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Association Record – The following pertain to your associations. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment, suitability, security or credentialing decision. For the purpose of this question, terrorism is defined as any criminal acts that involve violence or are dangerous to human life and appear to be intended to intimidate or coerce a civilian population to influence the policy of a government by intimidation or coercion or to affect the conduct of a government by mass destruction, assassination or kidnapping.

76. Are you now or have you EVER been a member of an organization dedicated to terrorism, either with an awareness of the organization’s dedication to that end, or with the specific intent to further such activities?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
77. Have you EVER knowingly engaged in any acts of terrorism and/or have you EVER advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
78. Have you EVER been a member of an organization dedicated to the use of violence or force to overthrow the U.S. Government and which engaged in activities to that end with awareness of the organization’s dedication to that end or with the specific intent to further such activities?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
79. Have you EVER been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the U.S. with the specific intent to further such action?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you responded “Yes” to the **Association Record** questions in this section, you will be given a supplemental form to respond to additional questions.

Continuation Space - Use this space below (or separate blank sheets) to continue answers. If using a separate blank sheet(s) include your name and last four numbers of your social security number at the top of each blank sheet. Before each answer, identify the number of the question/item. To ensure clarity, maintain sequential order of questions and question format.

Questionnaire Continuation				
Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number

It is noted, with reference to this questionnaire, that neither your truthful responses nor information derived from your responses to this questionnaire will be used as evidence against you in a subsequent criminal proceeding.


After completion of this form and any attachments you have provided, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and the attached release(s).

Certification		
<p>My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001 and Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes internal policies). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my eligibility for a designated law enforcement position, employment prospects, credentialing, or job status, up to and including denial or revocation of my credentials, or my removal and debarment from employment with Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes.</p> <p>I understand my right to obtain a copy of any national criminal history report made available to the [INSERT Tribal Agency] and/or Personnel Security Consultants, Inc., and my rights to challenge the accuracy and completeness of any information contained in the report.</p>		

Signature

Printed Name

Signature Date (mm/dd/yyyy)

Enter you Social Security Number before going to the next page 	<input style="width: 200px; height: 20px;" type="text"/>
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Questionnaire for Designated Law Enforcement/Sensitive Positions

<p align="center">Release to Obtain a Credit Report Fair Credit Reporting Disclosure and Authorization</p>

Disclosure

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681, *et seq.*

Purpose

The [INSERT Tribal Agency] Services requires information from one or more consumer reporting agency in order to obtain information in connection with a background investigation, reinvestigation, or as part of ongoing evaluation for eligibility for a law enforcement position. The information obtained may be disclosed to other Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes Services departments and/or Federal oversight agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable federal, state, or tribal regulation.

Authorization

I hereby authorize any investigator, special agent, or other duly accredited representative of the Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes Services and/or Personnel Security Consultants, Inc., conducting my initial background investigation, reinvestigation, or as part of ongoing evaluation for eligibility for a law enforcement position, and any consumer reporting agency to provide such reporting for purposes described above.

Note

If you have a security freeze on your consumer or credit report file, we will not be able to access the information necessary to complete your investigation, which can adversely affect your eligibility for a position. To avoid such delays, you should expeditiously respond to any requests made to release the credit freeze for the purposes as described above.

Photocopies of this authorization with my signature are valid. The authorization shall remain in effect so long as I occupy a position with Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes Services.

Print Name	Social Security Number
Signature (Sign in ink)	Signature Date (mm/dd/yyyy)

Authorization for Release of Information

Carefully read this authorization to release information about you, then sign and date it in ink.

I **Authorize** any investigator, special agent, or other duly accredited representative of the agency conducting my background investigation, reinvestigation, or as part of ongoing evaluation for eligibility for a designated law enforcement position, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, consumer reporting agencies, or other sources of information. This information may include, but is not limited to current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, motor vehicle records, national criminal history record information and publicly available social media information. I authorize the Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes and/or Personnel Security Consultants, Inc., who is conducting my investigation, reinvestigation for the purpose of making a determination of suitability.

I **Understand** that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessed on-line to the public, is available to the public by subscription or purchase, or is lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

I **Understand** that, for former employers, motor vehicle departments, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I **Authorize** any investigator, special agent, or other duly accredited representative of the Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes and/or Personnel Security Consultants, Inc., who is conducting my background investigation, to request national criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a designated position and/or a position working with children. I understand that I may request a copy of such records as may be available to me under the law.

I **Authorize** the custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I **Understand** that the information released by record custodians and sources of information is for official use by the Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes and/or Personnel Security Consultants, Inc., only for the purpose of determining my suitability for employment with the Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes.

Photocopies of this authorization with my signature are valid. The authorization shall remain in effect so long as I occupy a position with Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes.

Signature (sign in black ink)	Full name (Type or print legibly)		Signature Date (mm/dd/yyyy)
Other names used			
Current street address and city	State	Zip Code	Telephone number

Domestic Violence Waiver for Designated Law Enforcement Positions

The information obtained from this inquiry will be used to determine whether under the new legislation, 18 U.S.C. Section 922 (g)(9), you are barred from possessing a firearm. Reassignment or other administrative action may be necessary based on the information provided in this questionnaire.

YOU MUST COMPLETE THIS QUALIFICATION INQUIRY AND PROVIDE IT TO THE REQUESTOR WITHIN TEN (10) WORKING DAYS OF RECEIPT. REFUSAL OR FAILURE TO RESPOND, OR SUBMITTING RESPONSES THAT ARE INCOMPLETE OR UNTRUE, MAY BE GROUNDS FOR DISCIPLINARY ACTION, UP TO AND INCLUDING REMOVAL.

Neither your answers, nor any information or evidence obtained by reason of your answers, can be used against you in any criminal prosecution for violation of 18 U.S.C. Sec. 922 (g)(9). However, the answers you furnish and any information or evidence resulting therefrom may be used against you in a prosecution for knowingly and willfully providing false statements or information, and may be a basis for agency disciplinary action.

The law 18 U.S.C. Sec 922 (g)(9) makes it a felony for anyone who has been convicted under federal or state law of a misdemeanor crime of domestic violence to possess any firearm or ammunition. A “misdemeanor crime of domestic violence” is defined generally as any offense whether or not explicitly described in a statute as a crime of domestic violence—which has as its factual basis the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by the victim’s current or former domestic partner, parent or guardian. The law further provides:

(B)(i) A person shall not be considered to have been convicted of such an offense for purposes of this chapter unless-

(I) the person was represented by counsel in the case, or knowingly and intelligently waived the right to counsel in the case; and

(II) in the case of a prosecution for an offense described in the paragraph for which a person was entitled to a jury trial in the jurisdiction in which the case was tried, either

(aa) the case was tried by a jury, or

(bb) the person knowingly and intelligently waived the right to have the case tried by a jury, by guilty plea or otherwise.

(ii) A person shall not be considered to have been convicted of such an offense for purposes of this form if the conviction has been expunged or set aside, or is an offense for which the person has been pardoned or has had civil rights restored...unless the pardon, expungement or restoration of civil rights expressly provides that the person may not ship, transport, possess, or receive firearms.

Domestic Violence Waiver for Designated Law Enforcement Positions

CERTIFICATION: A conviction “within the meaning of the statute” means those convictions that have not been expunged or set aside, or for which the individual has not received a pardon. To resolve any questions whether you are affected by the statute—that is, whether you ever have been convicted of a misdemeanor crime of domestic violence within the meaning of the statute - you should contact your immediate supervisor, your agency ethics officer, a union representative, or a private attorney.

1) Have you ever been convicted of a misdemeanor crime of domestic violence within the meaning of the statute?

INITIAL AND DATE: _____ YES NO I am not certain

2) If you answered “yes” to the first question, please provide the following information with respect to the conviction.

Court/Jurisdiction: _____

Docket/Case Number: _____

Statute/Charge: _____

Date Sentenced: _____

3) If you answered “yes” to the first question, was that conviction expunged or set aside or have you been pardoned for the offense or otherwise had your civil rights restored without a continuing prohibition of the use or possess of firearms or ammunition?

INITIAL AND DATE: _____ YES NO

If you answered “yes” to this question, please provide documentation of the expungement, set aside or pardon.

IF YOU ANSWERED “YES” OR “I AM NOT CERTAIN” TO THE FIRST QUESTION, UNTIL YOU PROVIDE DOCUMENTATION OF ANY EXPUNGEMENT, SET ASIDE OR PARDON, YOU MUST IMMEDIATELY TURN OVER ANY Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes ISSUED FIREARMS OR AMMUNITION TO YOUR SUPERVISOR. ADDITIONALLY, YOUR AUTHORIZATION TO CARRY A Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes -OWNED OR PERSONALLY OWNED FIREARM AND AMMUNITION IS RESCINDED.

I hereby certify that, to the best of my information and belief, all the information provided by me is true, correct and complete. I understand that false or fraudulent information provided herein may be grounds for adverse personnel action, up to and including removal, and also is criminally punishable pursuant to Federal Law, including 18 U.S.C. Section 1001.

Print Name:

Signature:

Signature Date: